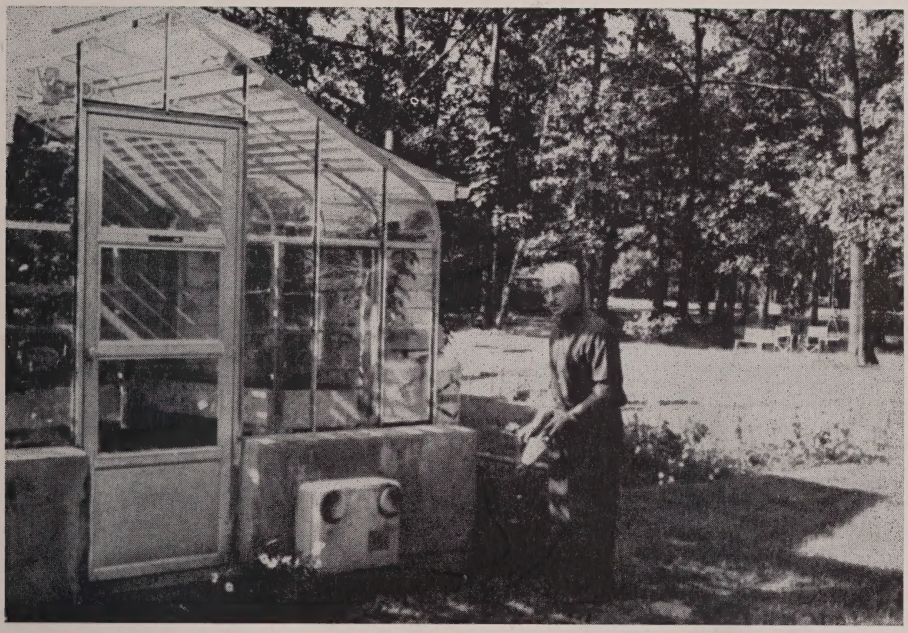
The Hampden Hippocrat

A Bulletin for the Hampden District of the Massachusetts Medical Society

VOLUME XV OCTOBER, 1959 NO. 8



THE DOCTOR AND HIS HOBBY

(See Page 20.)

MEMBER
MEDICAL SOCIETY
MAGAZINE GROUP

NEXT DISTRICT MEETING DECEMBER 1, 1959

Hampden District Medical Society

Founded 1840

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Henry Burkhardt, M. D.	1961	Samuel Klibanoff, M. D.
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Woman's Auxiliary . . . . . Aldo Leani, M. D.
Public Health . . . . . Norman A. Pokorny, M. D.
Insurance, Labor Relations and Industrial Accidents
Warren D. Platt, M. D.
Malpractice and Medico-Legal Affairs . . . . Wayne C. Barnes, M. D.
Nominating . . . . . Ambrose J. Connelly, M. D.

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Health and Accident Insurance . . . . . William J. Cosgriff, M. D.
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Rehabilitation . . . . . Edward J. Ferrarone, M. D.
Representatives on Community Council
Alfonso A. Palermo, M. D. and Thomas F. Reilly, M. D.

The Hampden Hippocrat

"Life is short and art is long, the occasion fleeting, experience fallacious and judgment difficult."
Hippocrates

Published monthly except July and August

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THE HAMPDEN HIPPOCRAT, OCTOBER, 1959

EDITORIAL

WHAT NOT TO DO

The aspiration of every medical society is a 100% participation on the part of its membership. No society, however, has ever achieved this utopian goal — at least as far as is known — not even where meeting attendance is compulsory. There are always those who habitually attend no meetings, hold no office and serve on no committee. This is bad enough. What is even worse is that these delinquents so very often will indulge in criticizing unfairly the Society's officers, committees and its leadership in general.

Some time ago our esteemed neighbor, the Worcester Medical News, published an item entitled "SOCIETICIDE", listing ten positive ways how to kill a medical society. We have reason to believe that these apply to but a very small number of our own members, the large majority of whom have demonstrated in recent years a keen interest in medical problems and a high degree of participation in Society affairs. Nevertheless the "ten ways" seemed so pertinent that we took the liberty of reprinting them in toto:

"1. Always have something else to do that is more important on meeting night.

2. If you do attend a meeting, be sure to find fault with the officers and the fellow members.

3. Decline to hold office, as it is easier to criticize than to be criticized.

4. Get sore if you are not appointed to a committee.

(Over)

5. If you are appointed to a committee, fail to serve.
6. If the President asks for opinions, keep silent; but tell others later what should have been done.
7. When a few members roll up their sleeves to help getting things done, always grumble that a clique is running the Society.
8. Start to tell what you have done in the past for the Society; never look to the future.
9. Put paying off your dues as long as possible.
10. Never pat the working members on the back and tell them that they are doing a good job."

In its comment the Worcester Medical News points out that "if you are guilty of any of these transgressions, it is time for you to change your tactics and become a loyal, interested member". All we can add is, AMEN.

M.

COUNCIL MEETS

Councilors representing Hampden District turned out in force to attend the first MMS Council Meeting of the season. This was held on Wednesday, October 7, at the Boston Medical Library, Boston. The proceedings of this meeting will be reported in the next issue of the Hippocrat.

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SECOND NOTICE

THE HAMPDEN HIPPOCRAT

takes pleasure in announcing

THE FIRST ANNUAL ESSAY CONTEST

for

PHYSICIANS OF THE DISTRICT

who have been in practice *for ten years or less*
on a subject pertaining to some aspect of
MEDICAL SOCIO-ECONOMICS
or
MEDICAL ETHICS

FIRST PRIZE: An all-expense paid week-end trip to New York City for the winner and spouse (including travel fare, hotel, meals, and theatre tickets).

SECOND PRIZE: An all-expense paid "Yankee Winter Week-End" (planned program of activities) for the winner and spouse at the Publick House, Sturbridge, Mass.

RULES OF CONTEST:

1. Essays are to be no less than one thousand (1,000) and no more than two thousand (2,000) words.
2. At least two typed copies, double spaced, are to be submitted.
3. All entries to be postmarked no later than *December* 1, 1959.
4. All entries shall become the property of the Hampden Hippocrat with full rights of publication.
5. Members of the Board of Editors of the HAMPDEN HIPPOCRAT and Officers of the HAMPDEN DISTRICT MEDICAL SOCIETY are not eligible.
6. The HAMPDEN HIPPOCRAT reserves the right to withhold awards.

SUGGESTED TOPICS FOR ESSAY

Medical Ethics
Blue Shield
Social Security
Publicity Code
Socialized Medicine
Drug Act
Hospital Relations
Free choice of physicians
Indoctrination of new members.
Our relations with labor, insurance and compensation.
Philosophy of medicine, etc.

MAIL ENTRIES TO:
Max Millman, M. D.
Editor-in-Chief
111 Maple Street
Springfield, Mass.

SEPTEMBER EXECUTIVE COMMITTEE MEETING

Below is a summary of the September 15th District Executive Meeting:

1.) Approved the appointment of Dr. H. Bernard Tillman as Associate Editor of The Hampden Hippocrat in place of Dr. Eoline C. Dubois.

2.) The next District Meeting will be held at the Roger Smith Hotel, Holyoke, on December 1st at 6:30 P. M.

3.) A letter of complaint, from a Fellow, concerning the handling of Industrial Accident fees was considered, and referred to the Committee on Industrial Accidents for action.

4.) A letter of complaint, from a Fellow, was heard regarding an alleged improper filling of a prescription by a pharmacist. The complaint was forwarded to a member of the Board of Pharmacy

5.) Dr. Lewis W. Whiting appeared before the committee to request approval for a proposed roster of physicians to cover the Springfield Red Cross Blood Donor Unit. He was instructed to put his proposal in the form of a resolution to be presented at the next District Meeting.

Harry N. Memery, Sec.

NOMINATING COMMITTEE

Following the September meeting President John A. Burke appointed the following Nominating Committee: Dr Ambrose J. Connelly, Chairman, Dr. Sprague Curtis and Dr. Samuel F. Potsubay.

Attend

the

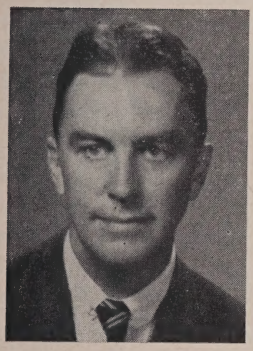
Auxiliary's

WHITE CAP BALL

NOVEMBER 7, 1959

See Page 10.

President's Page



THE UNIT-VALUE SYSTEM*

Three years ago I was appointed a member of our District Committee on Insurance, Labor Relations, and Industrial Accident Problems. During the next two years, I attended a great many meetings with representatives of the above groups. It was a very illuminating experience, and I have found that a large majority of the fellows who have served on this committee share a common feeling that a uniform fee schedule, or a unit-value scale is a matter of much greater urgency than the average physician in the district seems to realize.

At the risk of over-simplification, the problem might be stated as follows: the people who sell insurance, and the groups who buy it, want to know accurately what our fees are for our various services.

If we cannot or will not tell them, they have to estimate how much protection they must purchase, and up to now, they have been underestimating our charges. Consequently when the physician's bill exceeds the coverage, the individual patient becomes resentful, and usually his resentment is directed at his physician for not accepting whatever his coverage provides, however inadequate it may be.

Our committee has been asked frequently over the last two years to furnish a fee schedule by which these groups may buy adequate protection. As you are aware, there are now a score or more districts across the nation which have adopted a unit-value scale for determining charges, and the idea is spreading. We who have spent a great deal of time on this matter, feel that the unit-value scale has a good deal of merit, because it will enable us to set our fees before the government or the labor groups set them for us, and if that idea seems farfetched to you, then you are not keeping up with Congressional bills and the news releases from organized labor.

In any case, at our last District meeting, a motion was passed to have our Insurance Committee draw up a value scale after consulting with the hospital staffs of the area. Later this year the Committee will make further recommendations to the fellows of the Society. I urge you all to take a vital interest in this problem, and to weigh the pros and cons very carefully before you make your decision. It will very probably be the most important vote you will cast this year.

* SEE also page 13—Ed.

John A. Burke, M. D.

HIGHLIGHTS OF SEPTEMBER (22) MEETING

Dinner-Meeting is held at Hartman's with practically every seat taken . . . President Burke calls meeting at 8:30 p. m. . . . a letter from Auxiliary urging the wives of all fellows to become members is read. Our Auxiliary is not only the largest in the state but has also raised more funds and contributed more money toward scholarships and AMA Medical Education Fund than any other Auxiliary . . . Suggestions for the coming MMS Annual Meeting program are solicited. These are to be transmitted through Secretary Memery . . . Dr. Miner reports for the Legislative Committee (see Sept. issue).

Dr. Platt reports for committee on Insurance, Labor Relations and Industrial Accidents He suggests that the Society consider establishment of a fee schedule on the so-called relative value point system. He recommends that: 1. A committee be appointed consisting of one surgical and one medical representative from each hospital in the District. The purpose of this committee will be to meet with the Committee on Insurance and Labor Relations in order to familiarize themselves with the point system and to turn inpart their information to the members of each hospital staff. These delegates may solicit the help of members of members of the specialty and general practice sections so that members of subgroups may be completely familiar with the point system. Members of the district who are not on hospital staffs may receive information from our committee directly. 2. That the society be asked to vote on the acceptance of the point system at a future meeting. . . . Dr. Millman reports for the Board of Editors calling attention to the First Annual Essay Contest (See page 3).

Upon the recommendation of Dr. Whiting it is voted (1) that the Hampden District Medical Society assume the responsibility of providing medical supervision for the Red Cross Bloodmobile Bleeding center in its locations in the Springfield area, (2) that the supervision be provided by the members of the Society practicing primarily in the area and (3) that the administration of this service be similar to that of the Emergency Medical Service. . . . Attendance is 189 against 250 reservations received . . . Meeting adjourns at 10 p. m.

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As early as 1952, investigators commented on a syndrome manifested by patients on long-term corticosteroid therapy for rheumatoid arthritis. This syndrome mimics the disease and is often diagnosed as increased rheumatic activity.

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TABLETS

*Arch. Int. Med. *99*:545-555, 1957

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MEDICAL CLUBS IN HAMPDEN

II-The Connecticut Valley Radiologic Society

Following the close of World War II, several radiologists returned to practice in Connecticut and Western Massachusetts. In the extensive adjustments during the early years after the close of the war, several new radiologists entered the area. It seemed desirable to form a society to exchange ideas and to permit all to grow better acquainted.

On March 12, 1948, the Connecticut Valley Radiologic Society was formed. The Charter Members were G. F. Connor, E. W. Godfrey, G. W. Heublein, C. C. Hoffman, J. C. Larkin and J. W. Turner.

The primary objective has been, and continues to be timely lectures and discussions of the ever expanding problems of radiology. The speakers from year to year have included many renowned radiologists: Sosman, Rigler, Pendergrass, Neuhauser, Wittenborg, Schatzki, Jacox, and others.

The scientific programs have emphasized the practical rather than the ethereal. Emphasis has been on radiologic diagnosis, but radiotherapy and artificial radioactive isotopes have not been neglected in these programs.

By necessity, the specialty of radiology is one of the fastest moving, in terms of new ideas. It must be so, for it is interwoven with the activity in almost all the dynamic specialties of medicine. Radiology is more and more a many faceted mirror reflecting the tremendous forward strides and innovations in the many components of modern medicine. To help keep pace with these advances, the geography of our area justifies the existence of the Connecticut Valley Radiologic Society; the quality of our meetings seems to have earned its growth.

The Connecticut Valley Radiologic Society welcomes interested physicians to any of its meetings. These usually occur in October, February and May. Announcements of subject matter and speakers are usually posted in hospitals of the area prior to these meetings. For further details, contact your friendly radiologist.

John W. Turner, M. D.

HOSPITAL FACTS

The number of U. S. hospitals is diminishing,

(6786 in 1958 against 6966 in 1956).

The number hospital beds is also diminishing,

(1,572,000 in 1958 against 1,607,000 in 1956).

But the number of admissions per hospital is increasing steadily and sharply,

(3,500,000 in 1958 against 3,100,000 in 1956).

While the population increased in recent years 10%, hospital admissions increased 20%.

It is predicted that hospital rates will rise another 5% in the next 12 months in Massachusetts.

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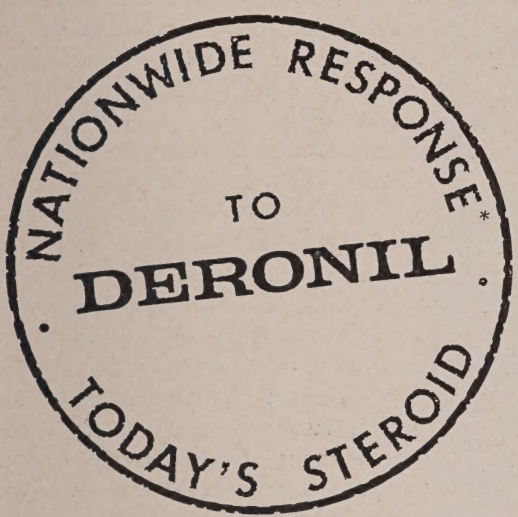

BRONCHIAL ASTHMA, Allergic rhinitis—(Male, age unknown), *Source:* M.D., California

"Asthma cleared and patient slept through whole night; sense of smell returned completely. Effect occurred within 12 hours of first dose."

POISON OAK DERMATITIS—(Male, 41), *Source:* M.D., Georgia

"Complete clearing of severe dermatitis."

SEVERE CHRONIC URTICARIA—(Female, 36), *Source:* M.D., Massachusetts

"Excellent results. No headache, mild increase in good spirits and appetite, no edema, no change in B. P."

BURSITIS OF BOTH SHOULDERS—(Female, 35), *Source:* M.D., Pennsylvania

"Improved after 1 dose (0.375 mg.). After first day slept well. No pain."

FROZEN SHOULDER SYNDROME—(Male, 64), *Source:* M.D., Indiana

"Patient had painful, tight shoulder with only minimal movement. After 48 hours, patient obtained approximately 50% return. In 6 days established 80% return of function followed by gradual return of usage."

RHEUMATOID ARTHRITIS and SPONDYLITIS—(Female, 67), *Source:* M.D., Louisiana

"Bedridden patient now returned to useful self again. Maintained on 0.75 mg. b.i.d."

CONTACT DERMATITIS—(Male, 21), *Source:* M.D., Missouri

"Itching relief in one day—rash gone in three days."

ASTHMA (Status)—(Female, 38), *Source:* M.D., Texas

"Patient completely relieved after 2nd dose of Deronil."

GIANT URTICARIA, ANGIONEUROTIC EDEMA (Recurrent following insect stings)—(Male, 10), *Source:* M.D., Tennessee

"Urticaria cleared after first 0.375 mg. dose, angioneurotic edema after second. No recurrence (to my knowledge) after Deronil discontinued."

HERPES ZOSTER—(Female, 41), *Source:* M.D., Nebraska

"No response from enzymatic therapy; relief from pain in 24 hours on Deronil. Lesions cleared in 8 days."

ERYTHEMA MULTIFORME—(Patient not identified), *Source:* M.D., Alabama

"I believe the addition of Deronil to the antibiotics and local treatment was of distinct value in this case."

*Response of patients to DERONIL as reported by physicians to the Schering Department of Professional Information.

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AUXILIARY DOINGS

New Members Welcomed

The Woman's Auxiliary to the Hampden District Medical Society held a tea for new members at the home of Mrs. Harry A. Baker, Membership Chairman.

Mrs. Arthur E. Gramse, president of the Auxiliary and the Executive Board greeted and welcomed the new members.

Mrs. Charles D'Avanzo, secretary of the Auxiliary, announced the names of the new members: Mrs. Lionel M. Ives, Mrs. Harry S. Uhl, Mrs. Stanley Teale, Mrs. John E. Leary, Mrs. Henry G. Ring and Mrs. Joseph Giammalvo of Longmeadow. Mrs. Roger Hebert, Mrs. Charles Holt, Mrs. Mustafa Adham of Springfield; Mrs. Paul N. Nathon of So. Hadley; Mrs. William N. Hill of Agawam; Mrs. William Hallisey, Jr. and Mrs. Roland Tessier of Ware; Mrs. Isak Mesulam, Mrs. Oscar Bourgeault, Mrs. Edward Furguson, Mrs. Robert Salwen and Mrs. Robert O'Brien of Holyoke. The Auxiliary now boasts a membership of approximately 350 members.

White Cap Ball

The first meeting of the Woman's Auxiliary to the Hampden District Medical Society will be held at the Providence Hospital, Holyoke, on October 6th at 1:30 P. M. A very interesting program and tea is planned featuring a One Act play to be presented by the Actors' Repertory Theatre of Springfield.

The ANNUAL WHITE CAP BALL will be held at the Sheraton-Kimball Hotel on Nov. 7th, Mrs. Setrag A. Zacarian, General Chairman, and her various committees are planning to make this year's Ball an especially outstanding event, as it marks the tenth birthday of the Auxiliary. Each year the proceeds are used to award Nursing Scholarships. The success of last year's affair made it possible to make 15 such awards. A cocktail party is being planned to take place in the Apremont room for those attending the ball. A delicious dinner and delightful music assures a gala evening for the doctors, their wives and friends. It also affords an opportunity to support a very worth-while project.

Regional Meeting

The Western Regional Meeting of The Woman's Auxiliary to the MMS was held on September 14, at the Providence Hospital, Holyoke. The purpose of this seminar, one of two held yearly by the state president, is to acquaint

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and instruct the district Medical Society auxiliary boards with their duties and aims for the coming year.

Among the speakers were Dr. Edward P. Bagg of Holyoke, former president of the Hampden District Medical Society, President of the MMS, and organizer of the Massachusetts Medical Society Auxiliary in 1948; Dr. John A. Burke, Holyoke, president of the Hampden District Medical Society; Miss Mary O'Leary, director of education, Providence Hospital and Dr. Julia B. Leonard, psychologist, staff member of the Mental Health Center Association of the Holyoke-Chicopee-Northampton Area, Inc. Discussion followed.

Attending the meeting from Hampden District were Mrs. Arthur Gramse, president; Mrs. Stanley Dixon, publicity; Mrs Walter Nozden, community service; Mrs. Lawrence Selden, mental health; Mrs. William Davis, safety; Mrs. Edwin J. Gillis, A.M.E.F.; Mrs. Harry J. Corwin, Mrs. Elmer Harrington, Mrs. Roger Cheney, Mrs. Aldo Leani, Mrs. Azel P. Barney, Mrs. Charles A. Diamond and Mrs. Leslie Parent.

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PATTERNS OF DISEASE

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* * *

There are 87 diseases of the lower animals which can be transmitted to man.

Of these 49 are known to occur in the southern United States and 46 in the state of Texas alone. These diseases are technically called zoonoses, and include rabies, trichinosis, undulant fever, parrot fever, and Rocky Mountain spotted fever, among others.

In 1953 it was learned that bats can cause rabies in man. Other animals which serve as reservoirs of the disease include the cat, dog, wolf, fox and skunk.

Rabies present its greatest danger to children. Those under 15 accounted for more than 50% of all human rabies deaths between 1944 and 1954.

* * *

Contrary to popular belief, undulant fever (brucellosis) is much more than a rural problem, according to the current issue of *Patterns of Diseases,* published by Parke, Davis & Company for the medical profession.

A total of 41% of cases reported in one comprehensive study was in urban areas, the publication reveals.

From *Patterns of Disease,*
published by Parke, Davis & Company

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UNIT VALUE STUDIES

by

WARREN D. PLATT, M.D., Chairman

Committee on Insurance, Labor Relations

and Industrial Accidents

At the September 22nd meeting of the Hampden District Medical Society the Committee on Insurance, Labor Relations and Industrial Accidents presented a plan to familiarize the physicians in this area with the Relative Value Program. This committee would like to introduce this subject through the Hippocrat by quoting the following article from the "Massachusetts Physician" of August-September, 1959. This article is merely introductory. The committee will attempt to present further details of the plan after discussions with a committee representing area hospitals, have been held:

"The AMA, at its clinical session in December 1958, recommended that relative value studies be conducted by each constituent medical association. Its Committee on Medical Practices has prepared informational material on the subject, and is conducting a series of regional meetings on the need for and use of relative value studies. The first meeting was held in San Francisco on April 14, 1959 with representatives of the ten most Western States; the second, with the Council of the New England State Medical Societies on July 18, 1959 in Boston, Mass.

Committee Urges Study

"The Committee on Medical Practices reported: 'Unless a study or studies of this type is made in the very near future and adopted by the medical profession, medicine runs the risk of alienating public opinion and losing its bargaining position with other agencies, private and governmental, which are engaged in financing the cost of medical care to the American public.' (AMA *News,* May 4, 1959)

"The aim of a relative value system is to provide uniformity in measuring the value of services. It is no dollar fee schedule, but a system to provide, by some designation other than monetary, a comparison and a ranking of the experience, knowledge and time required for various medical services. First, a listing and description of professional procedures and services are established. Secondly, each medical

or other procedure is alloted a certain number of points on the basis of its worth in relation to the other procedures listed. Thirdly, each individual physician then places his own dollar value on any one-unit procedure.

"For example, the value of a routine office visit is set at 1.0 point. If a physician sets the value of an office visit at $5, he simply multiplies that figure by the points alloted other procedures in their fee determination. Under the California scale, a first home visit, for example, is set at 2.0 points; using $5 as the unit value, the fee would be $10.

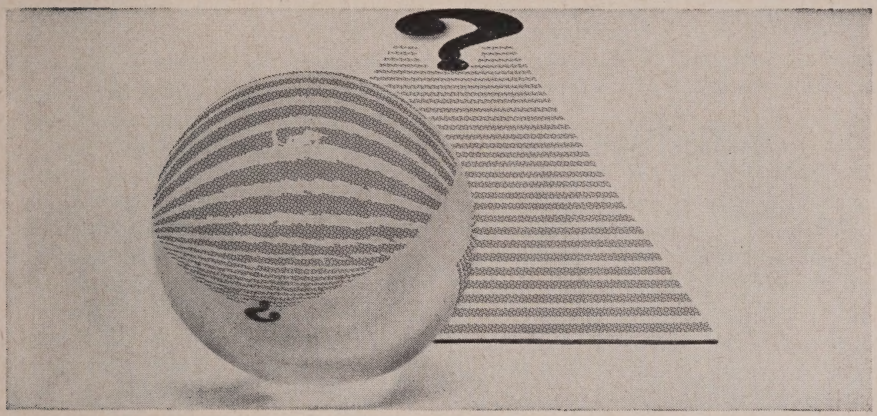
"The relative value study as adopted by California is divided into four parts and contains separate schedules for surgery, pathology, radiology and other medical services. For example, in the surgical schedule, removal of foreign body from the cornea is set at 1.0 point; a simple Colles' fracture at 15.0 points; an appendectomy, 35.0 points; and a total hysterectomy, 60 points. Kansas, which adopted a relative value system in 1958, uses a similar scale with this basic difference — medical procedures are valued not only in relation to other medical procedures, but also in relation to surgical and other procedures as well.

Revisions Possible

"Whether established on a single schedule or on four, these values once initiated can be adjusted or revised. The California schedule was updated in late 1957 and is currently being revised. These relative values have proved useful in California in negotiating public assistance agreements, in preventing the formation of closed panels, in negotiating with the government on Medicare and in discussions of health care plans with unions.

"In addition, relative value studies can aid health insurance and prepayment plans in setting up benefit schedules that would bear a more constant relationship percentagewise to the actual, usual or customary fees of physicians. Moreover, relative value schedules make it easier for a physician to explain to his patients the basis on which charges are made for any particular services."

An important point which was brought out at our meeting was the question of where to apply such a schedule, i.e., "Whether it would pertain to the rates applicable to private patients." From the doctors' point of view, the chief benefit of such a program is found in dealing with insurance companies and health agencies, hoping to obtain an adjustment of their fee schedules to fit our fees for private care. Our private patients are the insured public and will be more so in the future.



what lurks beyond the broad spectrum?

"Broad spectrum" has evolved into an especially apt term to describe a growing number of "specialized" antibiotics. These provide the best means of destroying pathogenic bacteria which range all the way from large protozoa through gram-negative and gram-positive bacteria to certain viruses at the far end of the spectrum. **But beyond the spectrum lurk pathogenic fungi.** Aggressive infections often require intensive broad spectrum antibiotic attack. It becomes more apparent every day that fungal superinfections may occur during or following a course of such therapy.[1,2] Long term debilitating disease, diabetes, pregnancy, corticosteroid therapy, and other causes may predispose to such fungal infections[1,3,4] as iatrogenic moniliasis. These facts complicate the administration of antibiotics. **Mysteclin-V controls both — infection and superinfection.** Mysteclin-V makes a telling assault on bacterial infections and, in addition, prevents the potentially dangerous monilial overgrowth.[2,5-8] Mysteclin-V is a combination of the phosphate complex of tetracycline — for reliable control of most infections encountered in daily practice — and Mycostatin, the first safe antifungal antibiotic. ■ Case history after case history marked "recovered" provides clinical evidence of the special merit of this advance in specially designed antibiotics. When you prescribe Mysteclin-V, you provide "broad therapy" with extra protection that extends beyond the spectrum of ordinary antibiotics.

Supplied:	Tetracycline Phosphate Complex equiv. Tetracycline HCl (mg.)	Mycostatin units
Mysteclin-V Capsules (per capsule)	250	250,000
Mysteclin-V Half-Strength Capsules (per capsule)	125	125,000
Mysteclin-V Suspension (per 5 cc.)	125	125,000
Mysteclin-V Pediatric Drops (per cc.—20 drops)	100	100,000

References: 1. Dowling, H. F.: Postgrad. Med. 23:594 (June) 1958. 2. Gimble, A. I.; Shea, J. G., and Katz, S.: Antibiotics Annual 1955-1956, New York, Medical Encyclopedia Inc., 1956, p. 676. 3. Long, P. H., in Kneeland, Y., Jr., and Wortis, S. B.: Bull. New York Acad, Med. 33:552 (Aug.) 1957. 4. Rein, C. R.; Lewis, L. A., and Dick, L. A.: Antibiotic Med. & Clin. Ther. 4:771 (Dec.) 1957. 5. Stone, M. L., and Mersheimer, W. L.: Antibiotics Annual 1955-1956, New York, Medical Encyclopedia Inc., 1956, p. 862. 6. Campbell, E. A.; Prigot, A., and Dorsey, G. M.: Antibiotic Med. & Clin. Ther. 4:817 (Dec.) 1957 7. Chamberlain, C.; Burros, H.M., and Borromeo, V.: Antibiotic Med. & Clin. Ther. 5:521 (Aug.) 1958. 8. From, P., and Alli, J.H.: Antibiotic Med. & Clin. Ther. 5:639 (Nov.) 1958.

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SQUIBB TETRACYCLINE PHOSPHATE COMPLEX (SUMYCIN) AND NYSTATIN (MYCOSTATIN)

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DR. ABRAHAM FLEXNER

Dr. Abraham Flexner died recently at the ripe old age of 92. As a tribute to the memory of this great man the Hippocrat can do no better than to reprint in part an article of its own (Jan. 1957), based largely on comments by Dr. W. Barry Wood, Jr.:

"In an article entitled 'Medical Progress Since 1900' (Therapeutic Notes, Parke Davis and Co.) Dr. Wood begins by asking: 'What has been the most important advance of all during this era of unprecedented progress?' He proceeds to answer this provocative question as follows:

"At first thought, one might be tempted to name a specific discovery which has revolutionized modern clinical practice: penicillin, insulin, or perhaps anesthesia. With such a suggestion, however, I would not agree. Rather, I am convinced that the most important medical advance since the turn of the century has been the change in attitude of practicing physicians toward medicine as a science, a change which clearly began in this country in 1910 with publication of the Flexner Report on 'Medical Education in the United States and Canada'.

"Results of the Flexner Report in this country were truly remarkable. Backed by the Carnegie Foundation and thus beholden to no one, Dr. Flexner freely disclosed the deplorable state of American medical schools. His devastating criticisms initiated an immediate revolution in medical education. They spelled the doom of the numerous proprietary diploma mills of medicine then prevalent and led to the establishment in their stead of university medical schools. This development, generously supported by the Rockefeller and other large foundations, changed the entire complexion of medical practice, first in the United States and later in other countries as well."

Anything we may now add will be pale indeed by comparison. M.

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Time Disintegration Capsules

JUST ONE CAPSULE, taken on arising: Provides appetite suppression, mood elevation and a metabolic boost . . . all day long.

IMMEDIATE RELEASE provides: Amphetamine Sulfate . . 5 mg., Thyroid . . 1 gr., Atropine Sulfate . . 1/360 gr., Aloin* . . 1/4 gr. *counteracts morning constipation.

INTERMEDIATE RELEASE provides: Amphetamine Sulfate . . 5 mg., Thyroid . . 1 gr., Atropine Sulfate . . 1/360 gr.

FINAL RELEASE provides: Amphetamine Sulfate . . 5 mg., Thyroid . . 1 gr., Phenobarbital* . . 1/4 gr. *relieves evening excitation.

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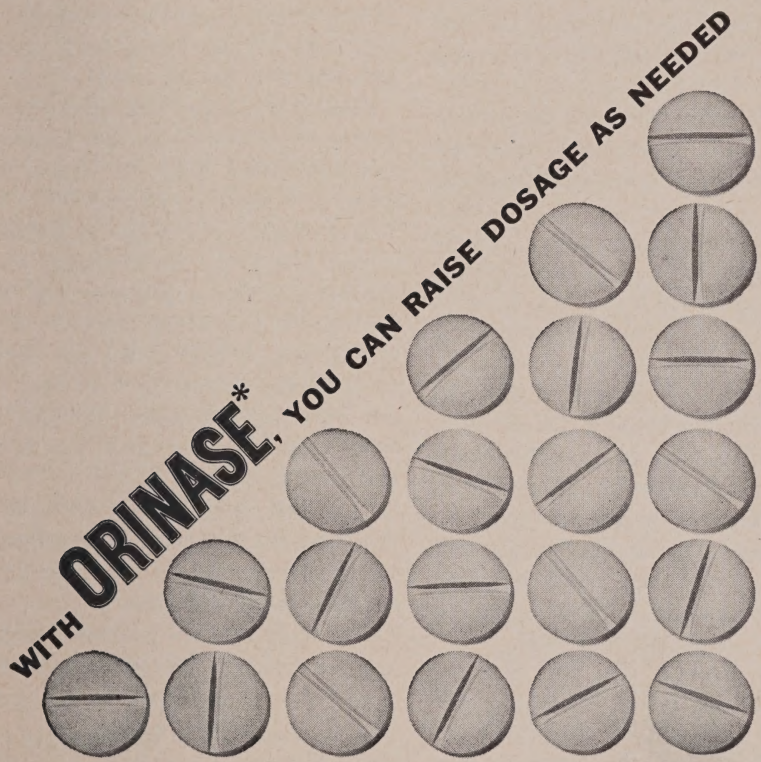
Hartford, Connecticut



without running the risk of untoward effects

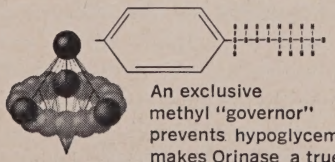
Experience with other oral antidiabetes agents has created some confusion about Orinase dosage. Here are three points worth remembering:

1. The recommended daily dosage range for Orinase extends from 0.5 to 3 Gm. A prominent New York diabetician recently commented, "Most of the referrals I am getting are patients who require only the increasing of their Orinase dosage to 2 or 2.5 Gm. per day—sometimes 3."

2. Although increasing the daily dosage **beyond** 3 Gm. rarely improves control, neither does it increase Orinase's low incidence of unwanted side effects. Selected diabetics given **6 to 10 Gm. daily for sixty to ninety days** showed no signs of toxicity.

3. In patients in whom maintenance dosage has been established, Orinase lowers the blood sugar to normal levels but almost never beyond that point. In other words, Orinase is a true euglycemic agent.

*TRADEMARK, REG. U. S. PAT. OFF.—TOLBUTAMIDE, UPJOHN



An exclusive methyl "governor" prevents hypoglycemia... makes Orinase a true euglycemic agent.

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CORRESPONDENCE

Legislative Reforms

Dear Hippocrat:

I heartily approve of the sentiments expressed in your editorial of the September issue entitled, "Wanted: Legislative Reforms".

During my first year as Legislative Councilor I was very much disturbed by the fact that I knew so little about what was going on on Beacon Hill. After the State Legislative Committee as a whole would express itself on bills pending in the legislature I never heard any more about them until I read of the action taken on them in the newspapers. I agree that periodically we should receive information on these bills, their progress in Committee as well as in the Legislature. I would very much like to report on them regularly to our Society through the pages of the Hippocrat but this, needless to say, is impossible unless I have the information myself.

I believe strongly that our membership should be made to realize the importance of keeping informed on bills pending, and the even greater importance of keeping the legislators informed of our thinking. Legislators do heed the comments of their constituents, and letting them know how we feel about these bills should prove very helpful. There is little doubt that we, as doctors, do not show interest in matters which affect us. We, therefore, have no reason to complain when laws are passed which are not to our liking.

I agree with the last paragraph of your editorial, recommending that the MMS initiate bills of its own. I could find no proof that the MMS had ever sponsored bills, nor could I determine the reason for this lack of action. It seemed to me that there was constantly the fear of "poor public relations". Some expressed the opinion that the MMS wasn't progressive enough, and was satisfied to stand back and let someone else do the work.

One other point that disturbed me during my first year as Legislative Councilor was that "no action" was taken on many pertinent bills. This, I understand, is a trick of legislators to kill a bill, but in so doing we are prevented from expressing our opinion on the merits or demerits of the bill. I believe that if we are opposed to bills we should say so, and state our reasons, but again "public relations" bounces up and we become wishy-washy.

I do believe that your editorial has rendered a great service by calling attention to the crying need for sweeping legislative reforms.

Theodore R. Miner, M. D.
Legislative Councilor

Protests Action

Dear Hippocrat:

On Tuesday, September 22, 1959 the Hampden District Medical Society Meeting was the scene of another major step in the direction of destroying the free practice of medicine in this remaining stronghold, when a segment of the group voted to compel themselves and their fellows to serve a Springfield Volunteer agency, whether or not a physician was willing, and at the risk of censure by the entire society should he fail to serve. In this action sixty members from the Springfield area were successful in forcing some two hundred other physicians to serve the American Red Cross,

rendering medical service—willing or otherwise.

I am certain that they did not speak for the vast majority of physicians in the Hampden District who hold sacred the principle of free practice of medicine as we know it, the principle our state and national societies are so constantly striving to preserve. It would appear that some have failed to grasp the importance of Section 5 of the Principles of Medical Ethics of the American Medical Association, to themselves as well as their fellows. In the face of this action, from within the body of the national association which caused to be printed the words "A physician may choose whom he will Serve", is it any wonder that the socialized politician can so confidently say "It is but a matter of time"?

I believe that the vast majority of physicians in this area, as well as across the nation, would decry such action by their fellows, as against the best interests of the public, to say nothing of the physician.

I believe that all physicians, excepting those inclined to socialization or who are followers of our current national guest, would insist that the local society be spanked for its behavior, and that this action be promptly rescinded.

I believe that all ethical physicians see the principle of free choice of service equally applicable to both patient and physician.

I believe that most of us would choose to remind our fellows of something we should all have learned well —the end does not necessarilly justify the means.

The conviction of those who voted ciety was so firm that a resolution, already bearing many signatures, has been circulated among our membership protesting the action taken at the meeting of September 22. The resolution reads:

"We, the undersigned, hold the principle of free choice to be sacred and essential to the free practice of medicine in these United States, and that this principle is equally applicable to patient and physician. We further hold that no agency, including the Medical Societies, has the right to compel, willing or not, a physician's services, to any group, agency or municipality.

"We further hold that the action taken by the Hampden District Medical Society on the night of Tuesday, September 22, 1959, does violate the principle of free practice, and that it is not in the best interest of either physician or public, and that said action must be rescinded."

Frank E. Hurley, M. D.

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COMPLIMENTS
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THE DOCTOR AND HIS HOBBY

I — Horticulture *

Three years ago, at the age of 54 our esteemed fellow member Dr. Morris Ritchie was compelled to abandon the practice of medicine because of physical incapacity. A busy schedule had given him scant experience with leisure.

For those who may not know him, "Morey" - to associates and patients alike - practiced in Westfield from 1934 to 1955, except for an interlude of 3 years as Commander Ritchie in the U.S.N.R. during World War II. Thoroughly trained in surgery and qualified to specialize in that field he preferred the humanities of family practice.

Illness however, forced a reluctant but complete withdrawal from practice in November, 1956. Aware of his interest in horticulture, for which there had been too little time in the past, sympathetic colleagues, both in Westfield and Springfield, encouraged him to erect a heated glass structure adjacent to his home, where the doctor has wielded the "green thumb" ever since. During the warm summer months Morey's activities are in the open outdoors. When frost comes he starts a scheduled planting of seeds and seedlings in the hot house, which bring forth a succession of quite professional looking plants and flowers throughout

* The first of a series.

the winter. At Easter time many friends receive a potted tulip, home-grown, of course. Finally, there are plants for hardening in cold frames for transplanting to the garden when the ground is ready. The visitor is always welcome and he seldom leaves empty handed. Nor empty-headed; the amateur will acquire horticultural information at an unprecedented rate if he will but listen.

Sitting in the sunshine amid the flowers of his lovely garden and talking with "Morey", it is easy to disregard the tantalizing difficulties with which these tasks are performed, the awkwardness with small things, the quick weariness, the pain, and the obstinate disregard of frustrations galore that are so characteristic of his incapacity. One knows he insists on performing each chore himself, and he has convincing evidence, each year, that he does. No wheel chair for him; make it a wheel barrow!

To those of us who have watched Dr. Ritchie busy himself with his horticulture hobby there is the overwhelming conviction that a well established and well functioning hobby may well prove to be an important asset, second only to economic and physical health, when the so-called "Golden Age" of retirement is finally thrust upon us, ready or not.

Holleran

CONN. VALLEY POSTGRADUATE COURSE

Plans have been completed for this fall's Connecticut Valley Course in General Medicine, to be held in Holyoke and Northampton. The vital information is as follows:

Connecticut Valley Course
in General Practice
September 18 - November 20, 1959
Friday, 7:30-9:30 P.M.
Holyoke Soldiers' Home, Holyoke
Cooley Dickinson Hospital, Northampton

Recognized for credit, Category I, by the Massachusetts Chapter, American Academy of General Practice.

For further information:
Postgraduate Medical Institute
22 Fenway, Boston, Massachusetts

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MASSACHUSETTS SOCIETY OF INTERNAL MEDICINE

The Massachusetts Society of Internal Medicine announces its first Scientific Meeting which will be held November 11, 1959 from 10:00 a.m. to 4:00 p.m. at the Joslin Auditorium, New England Deaconess Hospital, Boston. Topic: "The Application of Current Physiologic Concepts in Handling Your Cardiac Patients".

Howard F. Root, M. D. will be the Moderator at the morning session and the topics and speakers are as follows:

Pathologic Physiology of Myocardial Failure in Relation to Mineral Metabolism and Renal Function — F. Eugene Yates, M. D.

Newer Concepts of Myocardial Physiology Applied to Bedside Diagnosis — Walter T. Goodale, M. D.

Extra-Corporeal Circulation —Physiology and Practice (Demonstration of Heart-Lung Machine) — James Bougas, M. D. and Frederick Panico, M. D.

Samuel A. Levine, M. D. will be the Moderator of the Afternoon Session and the topics and speakers are:

Some Newer Aspects in the Treatment of Heart Failure — Bernard Lown, M. D.

The Massachusetts Heart Law and General Aspects of Practice in This Area — Howard B. Sprague, M. D.

The Problems of Ventricular Aberration in Deciphering Arrythmias on the Electrocardiogram — Harold D. Levine, M. D.

The Physiology of Angina Pectoris — Richard Gorlin, M. D.

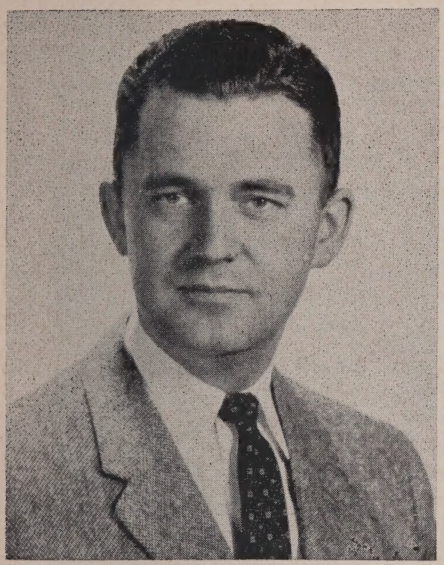
The Treatment of Coronary Heart Disease — David I. Rutledge, M. D.

All interested physicians and house officers are invited. Coffee and lunch are free.

"YOU WOULDN'T CHANGE DOCTORS—YOU'RE JUST SAYING THAT TO MAKE ME FEEL GOOD!"

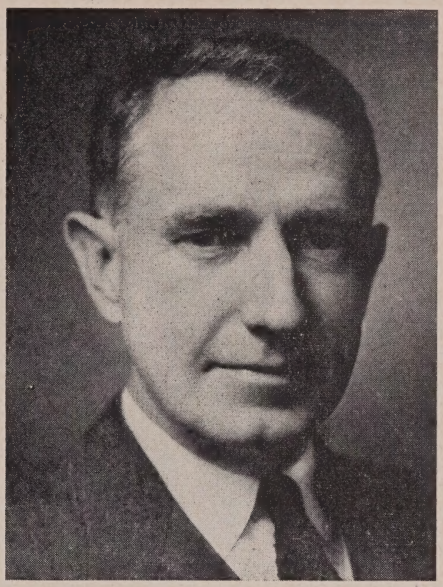
Courtesy Medical Society Magazine Group

ACADEMY



October Meeting

At the October 13th meeting of The Springfield Academy of Medicine the speaker will be Alvin L. Watne, M. D., Associate Cancer Research Surgeon, Roswell Park Memorial Institute, Buffalo, New York. His topic will be "The Spread of Tumor Cells and their Implication in Therapy". The Clinical Conference in the afternoon will be held at the Wesson Memorial Hospital, 5 p. m. Topic will be "Gastrointestinal Tract Carcinomas".



November Meeting

The speaker at the November 10 meeting will be Francis D. Moore, M. D., Moseley Professer of Surgery, Harvard Medical School and Chief of Surgery, Peter Bent Brigham Hospital. Exact topic is yet to be determined. Dr. Moore will present a Clinical Conference at the Mercy Hospital at 5 p. m. preceeding the Academy meeting.

N. E. POSTGRADUATE ASSEMBLY

The 17th Annual New England Postgraduate Assembly, a three-day program of postgraduate medical courses for practicing physicians, will be held at the Statler Hilton in Boston, Mass., November 3, 4 and 5, under the auspices of the six New England state medical societies and chapters of the American Academy of General Practice.

Dr. Joseph R. Frothingham, of New Bedford, representing the Massachusetts Medical Society is chairman.

In addition to morning clinics at Boston hospitals, the program will include lectures, panel discussions, clinicopathological conferences, luncheon symposia, medical films and scientific and technical exhibits.

A special program for wives of attending physicians has been arranged.

MORE ABOUT GOLF

Four-Way Hospital Golf Tournament

The third Annual Four-Way Hospital Tournament took place on Wednesday, September 9th at the Longmeadow Country Club. The four hospitals participating are: Mercy, Springfield, Wesson Maternity and Wesson Memorial. The winning foursome consisted of: Drs. H. Roberts, C. Montori, L. Kruger and E. Beauchamp, Jr. Low Gross: Dr. K. McEwen, second low gross Dr. S. Stusick. Low Net: Dr. A. Gramse, second low net Dr. J. Baker.

Mercy Hospital Golf Tournament

The Third Annual Mercy Hospital Golf Tournament was held Wednesday, September 16, 1959, at the Springfield Country Club. The winning foursome consisted of: Drs. J. Sady, J. Kresock, M. Millman and R. Hebert. Low Gross: Dr. J. Sady. Low Net drew a triple tie among Drs. R. Hebert, R. Fanelli and J. Corriveau, the latter winning the Cunningham Trophy on toss of coin.

AM. COLLEGE OF ALLERGISTS

American College of Allergists Graduate Instructional Course and Annual Congress will take place February 28 to March 4, 1960, The Americana Hotel, Bal Harbour, Miami Beach, Florida.

For information contact, John D. Gillaspie, M. D., Treasurer, 2049 Broadway, Boulder, Colorado.

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DR. CORNELIUS P. RHOADS

Dr. Cornelius P. Rhoads, director of the Sloan-Kettering Institute for Cancer Research since 1945, died August 13 at his home in Stonington, Conn.

Dr. Rhoads was a native of Springfield and a graduate of Classical High 1916. He subsequently attended Bowdoin College and Harvard Medical School. In 1956 Dr. Rhoads received the Walker Prize of the British Royal College of Surgeons, and in 1955 was given an award by the American Cancer Society.

The U. S. alone receives each year approximately 1,500 times its total present *energy* demand in the form of sunlight.

Each year more than 12,000,000 *anesthetics* are administered in the U. S.

Cryogenics is the science of low temperatures—hundreds of degrees below zero.

The average home in or near a large city accumulates about two pounds of *dirt* a week through open windows and doors.

During 1958, *drivers* under 25 were involved in 27.1% of all fatal accidents and more than 20% of non-fatal crashes.

Sc. N. L.

It has been estimated that 10,000,000 Americans spend $500,000,000 annually for *dietary supplements,* concentrates, pills and capsules claimed to be "cure alls."

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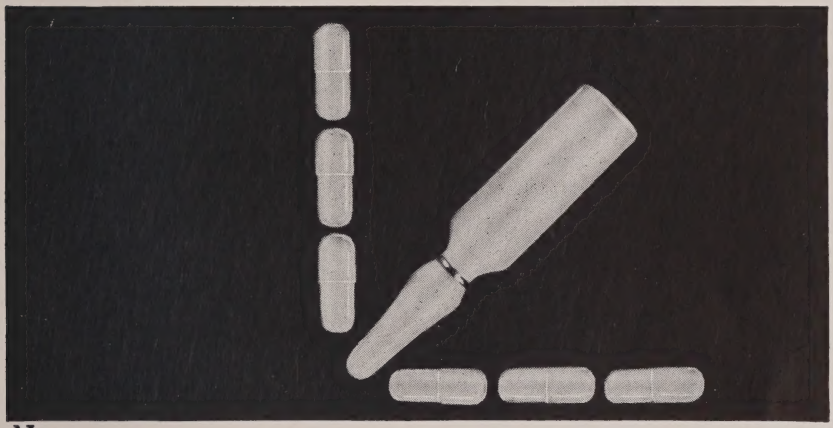
for that all-important first dose
of broad-spectrum antibiotic therapy



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...and for continued, compatible coordinated therapy

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Continuation with oral Cosa-Terramycin every six hours will provide highly effective antibacterial serum and tissue levels for prompt infection control.

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SUPPLY:
Terramycin Intramuscular Solution* — 100 and 250 mg.; 2 cc. ampules
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Cosa-Terramycin is also available as:
Oral Suspension — peach flavored, 125 mg./5 cc., 2 oz. bottle
Pediatric Drops — peach flavored, 5 mg./drop (100 mg./cc.), 10 cc. bottle with plastic calibrated dropper

Complete information on Terramycin Intramuscular Solution and Cosa-Terramycin oral forms is available through your Pfizer Representative or the Medical Department, Pfizer Laboratories.

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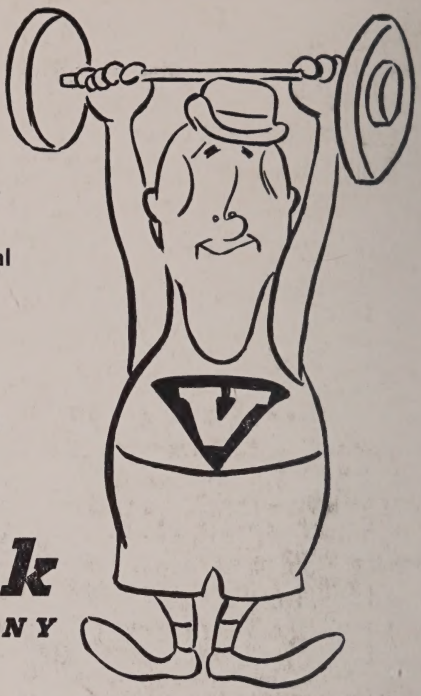
The experience of our Trust Department can be very helpful to you and your attorney in the whole phase of estate planning. Why not arrange for a financial check-up soon—at your office or one of ours?



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